

State Partnerships Improving Nutrition & Equity (SPINE) Program Kickoff

January 25 – 26, 2022



STATE PARTNERSHIPS
— IMPROVING —
NUTRITION & EQUITY



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
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Welcome

Jennie Hefelfinger, MS (she/her)
Director, Center for Advancing
Healthy Communities



CENTER FOR ADVANCING
HEALTHY
COMMUNITIES



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A few housekeeping items...



This meeting will **be recorded**



Use **Chat** for comments and reactions and to reach for help @MichaelParker



Please take a moment to complete the **survey, at end of the webinar**



Ask **questions via Chat**



Purpose of the Kickoff Meeting: Putting the pieces together

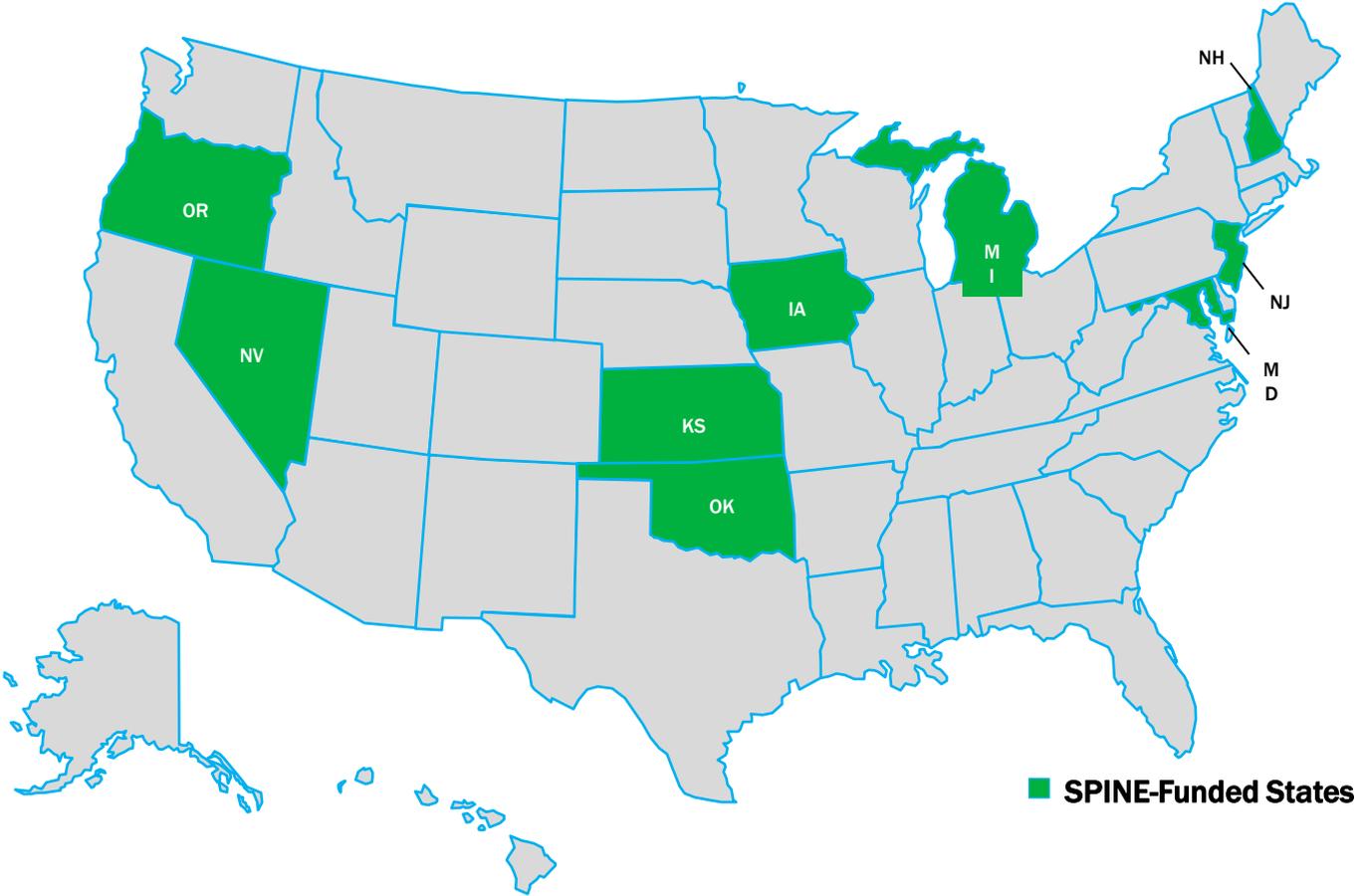


With **support** from CDC and NACDD:

- **Understand** our partners' role
- Share **experience** and knowledge
- **Learn** from each other
- **Gain** clarity on processes
- Build understanding for the upcoming **TA Processes**
- Prioritize **PSE-level strategies**
- Begin to build the State Action Plan (SAP) through **strategic thinking** and TA



State Partnerships Improving Nutrition & Equity Funded States



Partnerships lead to....

- **Healthier communities**
- **More equitable opportunities**
- **Successful outcomes**





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AN OVERVIEW

January 25, 2022



An aerial view of three people running on a paved path that curves through a lush green landscape. The path is made of light-colored cobblestones or bricks. The runners are seen from behind, moving away from the viewer. The person on the left is a woman with red hair wearing a bright yellow-green long-sleeved shirt and black shorts. The person in the middle is a woman with blonde hair wearing a black long-sleeved shirt and black shorts. The person on the right is a man wearing a blue t-shirt and black shorts. The path is bordered by tall grasses and shrubs on the left side. The overall scene is bright and sunny, with shadows cast on the path.

**EQUITY ISN'T
ONLY ABOUT
EQUAL
TREATMENT.
IT'S ABOUT
EQUAL
ACCESS.**

Today, despite incredible advances in health, disparities across the country are profound.

Inequities abound.

Sustainable efforts to promote healthy living are ***not accessible to all.***

Unfortunately, all communities do not have equal access to healthy living. Where you live matters. Yet access to healthy choices should be available, regardless of where you live.



A high-angle photograph of three runners on a wide, light-colored stone path. The path is flanked by green grass and shrubs. The runners are moving away from the camera. The runner on the left is a woman with red hair wearing a bright yellow-green long-sleeved shirt and black shorts. The runner in the middle is a woman with blonde hair wearing a black long-sleeved shirt and black shorts. The runner on the right is a man wearing a blue t-shirt and black shorts. The path leads towards a bright, overexposed area at the top of the frame.

**EQUITY ISN'T
ONLY ABOUT
EQUAL
TREATMENT.
IT'S ABOUT
EQUAL
ACCESS.**

**At the same time,
opportunities exist to
work more collaboratively
and efficiently.**

- By addressing root causes or determinants of health
- By coordinating programs that could logically work together
- By helping to fully inform partners about best practices, evidence based programs, and the latest thought leadership



Center for Advancing Healthy Communities Portfolio

Our approach means everyone has access to resources and programs that support their wellbeing across the lifespan.

BRIC

The Building Resilient Inclusive Communities (BRIC) program addresses equitable food and nutrition security, safe access to physical activity, and social connectedness through a policy, systems, and environmental change lens.

ARTHRITIS

This portfolio advances arthritis public health priorities by providing technical assistance and support and leveraging partners, including health systems, to promote physical activity and participation in lifestyle management programs to reduce pain and improve function, mood, and quality of life for people with arthritis.

WORKSITE WELLNESS

The worksite wellness project trains health promotion professionals using the CDC Work@Health curriculum to increase workplace health expertise among states, local communities, and employers.

WALKABILITY

The Walkability Action Institute influences community and transportation design by improving how communities and environments are built so that all people can better participate in equitable, inclusive, and active living.

HEALTHY MILITARY COMMUNITIES

The Healthy Military Communities project promotes collaboration between public health agencies and their military partners as they create communities that support the health of service members and their families.

SPINE

The State Partnerships Improving Nutrition & Equity (SPINE) program addresses food and nutrition security across the lifespan through sustainable and equitable actions that tackle economic and social conditions limiting access to nutritious foods.





NACDD SPINE TEAM



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LEARN MORE ABOUT THE CENTER FOR ADVANCING HEALTHY COMMUNITIES

<https://chronicdisease.org/the-center-for-advancing-healthy-communities/>



John W. Robitscher, MPH (he/him)



Chief Executive Officer since 2005

30 years of experience managing
nonprofit organizations

Board member of the ProVent
Health Foundation

Mission & Vision



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Our Mission

NACDD improves the health of the public by strengthening state-based leadership and expertise for chronic disease prevention and control in states and at the national level.



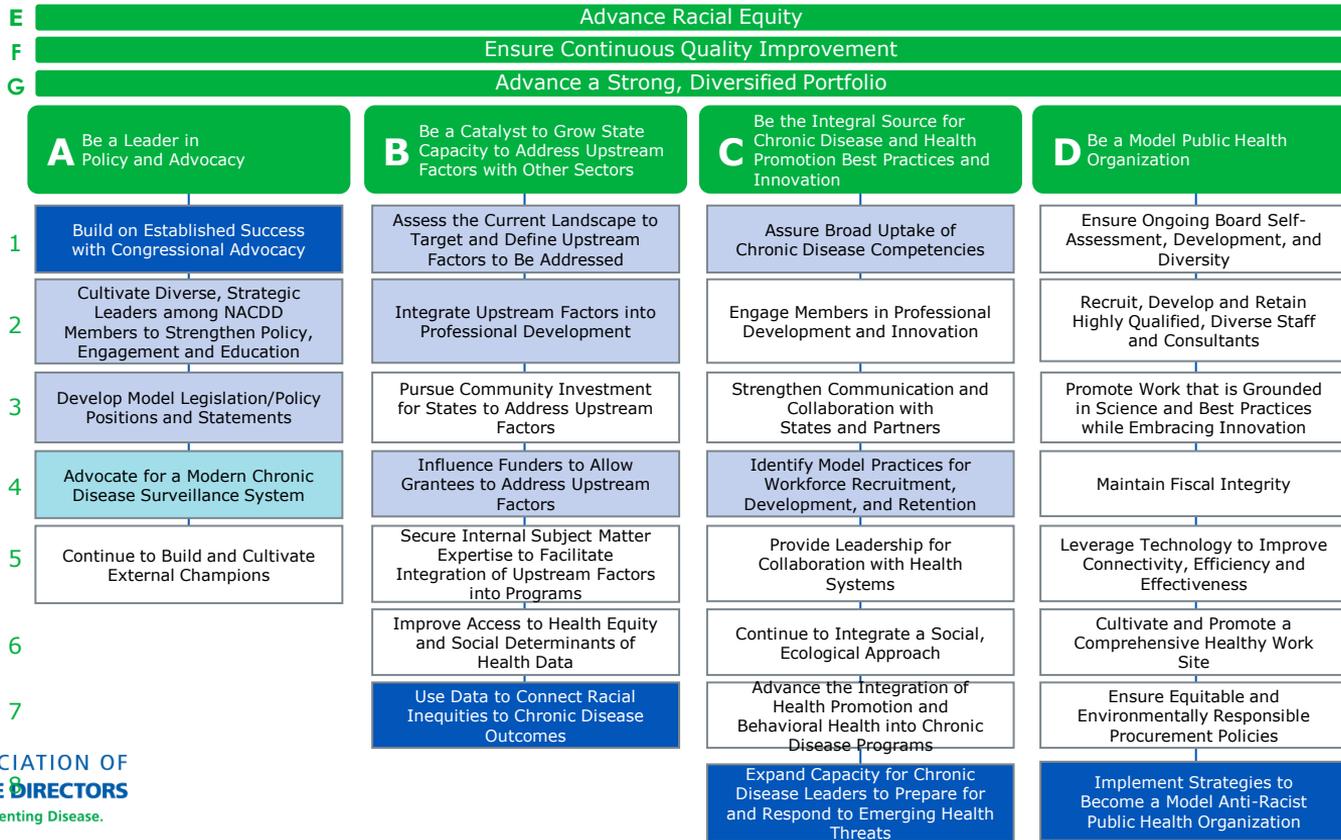
Our Vision

Lead and influence the ways that chronic disease prevention and health promotion shapes the future health landscape.



Strategic Map: 2021-2022

Lead and Support States in Preventing Chronic Disease through Healthy Communities, Equitable Opportunities, and a Modernized Health System



ADDRESSING HEALTH EQUITY

To fulfill our mission, the National Association of Chronic Disease Directors is committed to implementing and supporting public health practice that promotes equity and eradicates the fact that race, income, where a person lives, and other social factors determine a person's access to care and opportunities to live a long, healthy life.



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NACDD Anti-Racism Action

- Multiple statements on racism as a public health crisis, including one congratulating our local county for their own declaration.
- \$25,000 mini-grants to states to promote anti-racist work and health equity.
- Staff education and conversations promoting anti-racism.
- Anti-racism committees established, and anti-racism is included in the strategic plan for the organization.
- REDI Alliance established.



NACDD COVID-19 Resources

- COVID-19 Resilience Dashboard
- COVID-19 Resources to Support State Health Departments Database
- YourHealthBeyondCOVID.org
- CDC Guidance for Chronic Disease Directors
- How to Support Chronic Disease Populations
- State Policy Tools
- Social Justice Tools
- Pulse Surveys of Chronic Disease Directors
- Professional Development Modules for Working Remotely Effectively and Efficiently
- How to Forge Strong Partnerships for Effective Response

YourHealthBeyondCOVID.org

Your Health Beyond COVID-19 Matters!

Website and public service announcements launched to help Americans manage chronic diseases safely during the pandemic.

Learn to stay healthy during COVID-19 with **ASTHMA**

Watch the Videos

Get the Care You Need

Talk to Your Doctor



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Prevention and Planning Division

COVID-19 and Cancer Screenings

Read NACDD's new whitepaper

Integrating health equity into programming

- Building Resilient Inclusive Communities (BRIC) program
- State Partnerships Improving Nutrition & Equity (SPINE) program



State Partnerships Improving Nutrition & Equity (SPINE)

Laura Kettel Khan, MIM, PhD

Senior Health Scientist, Program Development and Evaluation Branch



Good Nutrition



Regular Physical Activity



Healthy Weight



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

January 25, 2022



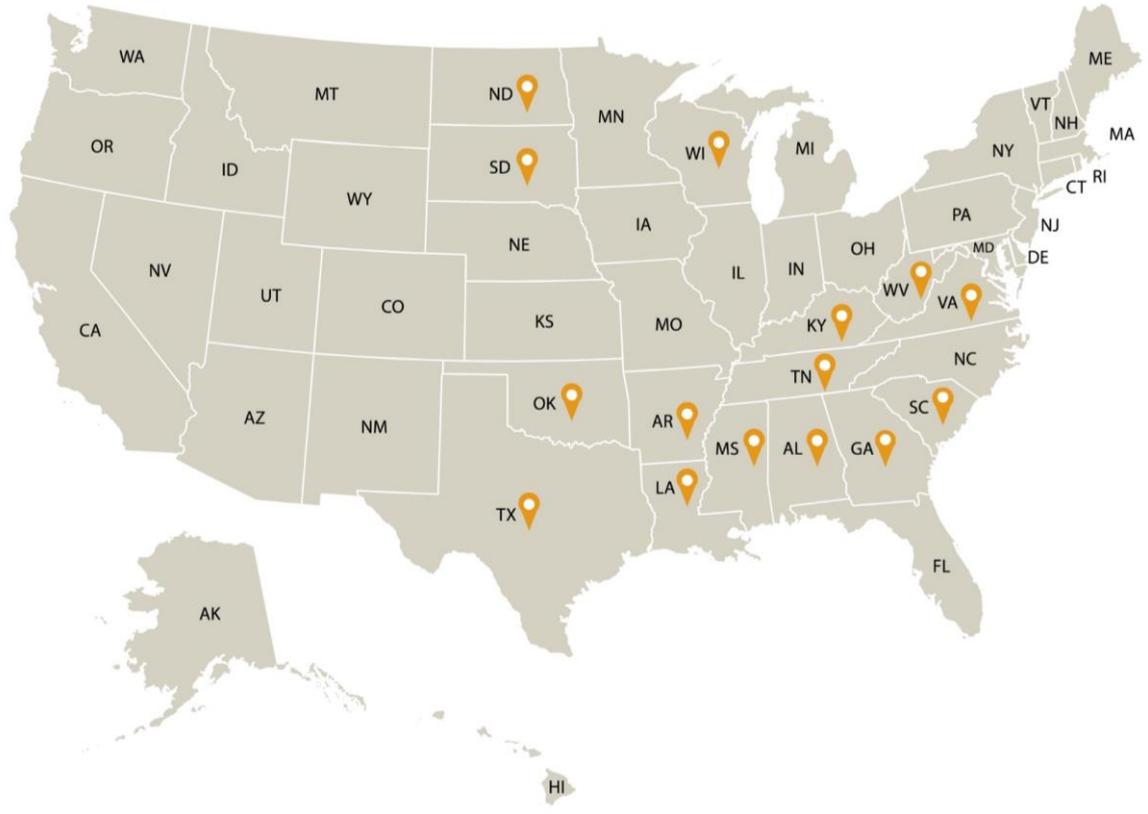
Program Highlights



High Obesity Program (HOP)

- 15 land grant universities increase access to healthier foods and physical activity in counties with more than 40% of adults with obesity
- Recipients implement evidence-based strategies through existing cooperative extension and outreach services

HOP Funded Recipients (Fiscal Year 2018)



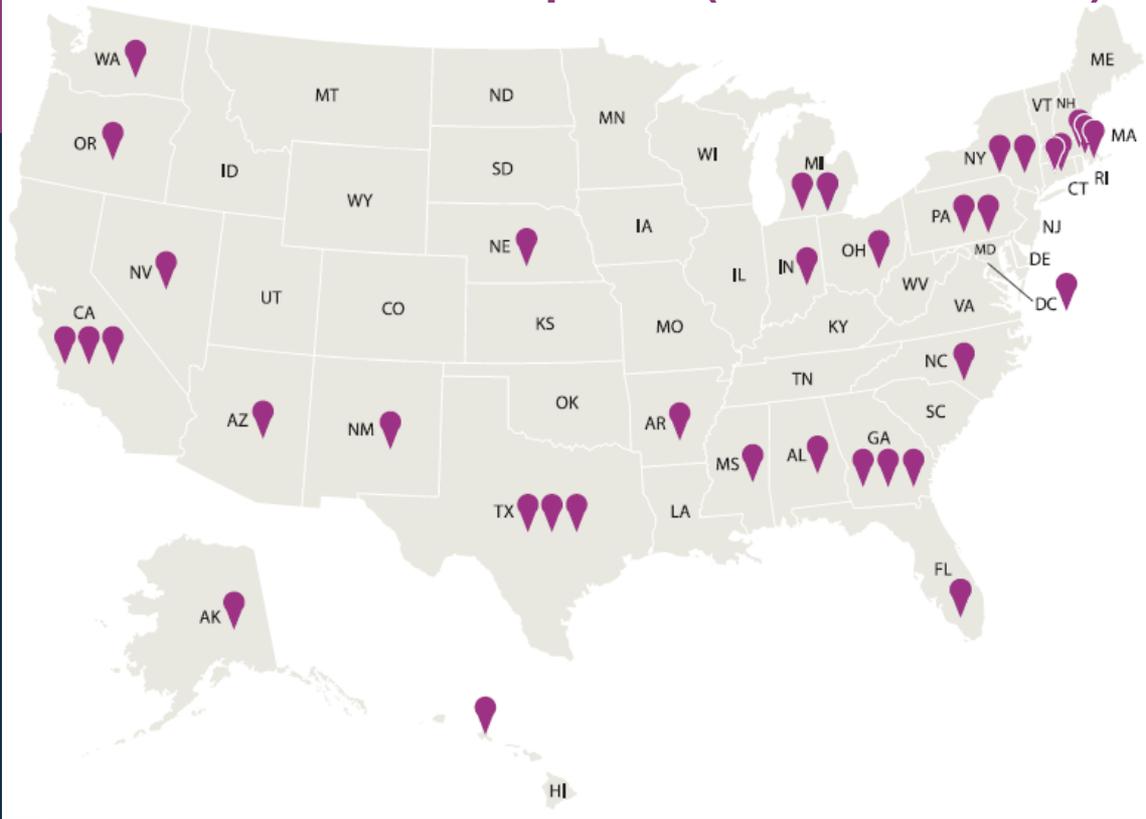
To learn more about the HOP program, please visit:

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop-1809/high-obesity-program-1809.html>.

Racial and Ethnic Approaches to Community Health (REACH)

- The REACH program is first CDC program for specific racial and ethnic groups in urban, rural, and tribal communities with high disease burden
- 40 organizations (4 new in FY21) addressing racial and ethnic health disparities
- This program aims to improve health, prevent chronic diseases, and reduce health disparities

REACH Funded Recipients (Fiscal Year 2020)



To learn more about the REACH program, please visit:

https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html

Building Resilient Inclusive Communities (BRIC)

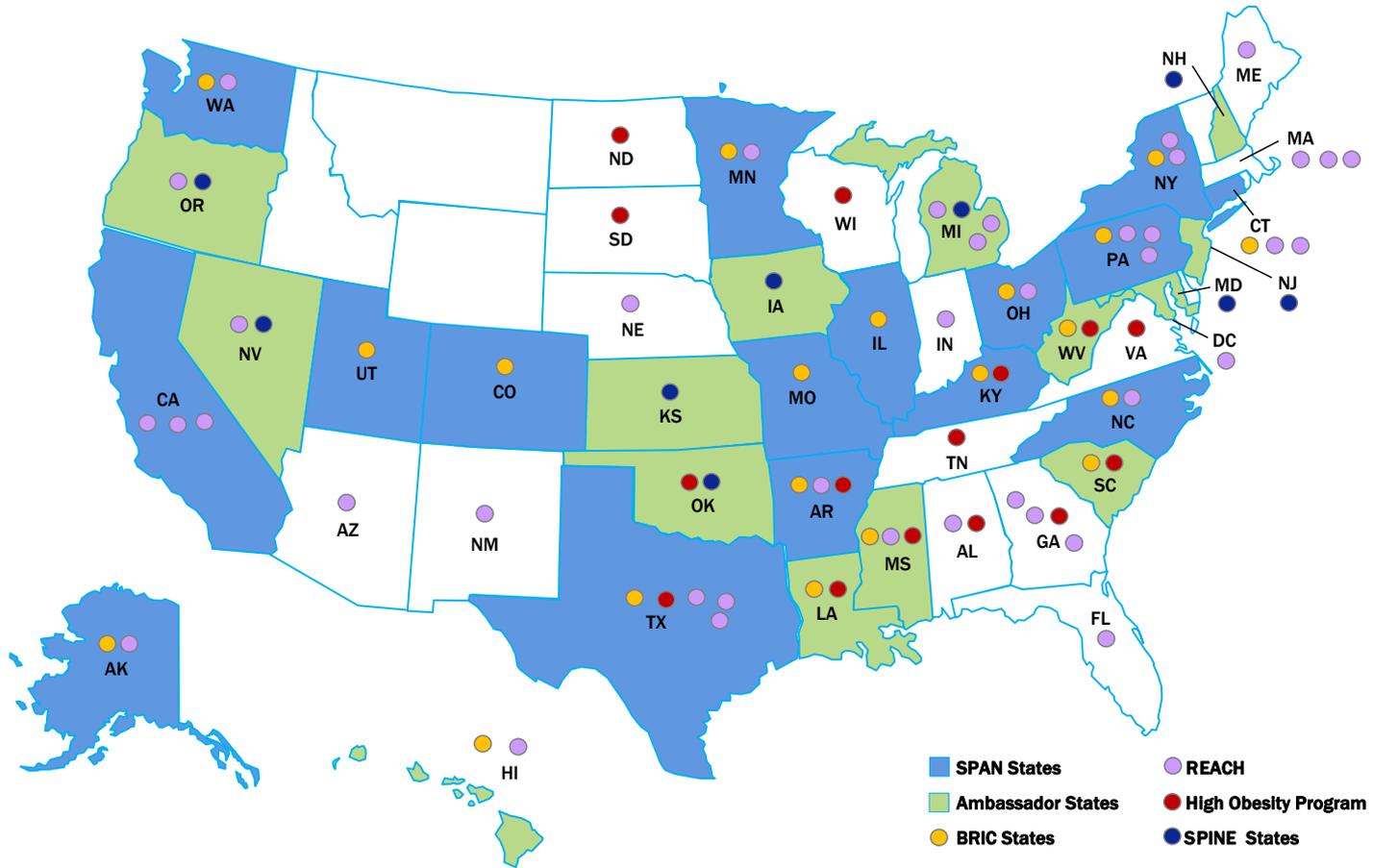
New Program Responding to COVID-19

Build sustainable programming for existing efforts in 20 states (15 SPAN & 5 Ambassador) in up to 5 communities per state focusing on populations at high risk for chronic disease and COVID-19 impact

- By addressing obesity and other chronic diseases through equitable improved food & nutrition security, safe access to physical activity, and social connectedness



Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO)-funded Program Recipients



Guiding Principle

"In all we do with our selves, our families and our partners, our guiding principle is patience, flexibility and grace."

Terrence O'Toole March 2020



Thank you

For more information, contact: Laura Kettel Khan (LDK7@cdc.gov)

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Day 1 Purpose



SPINE Kick Off Day 1 Purpose

- **LEARN** strategies and best practices to increase and promote equitable food and nutrition security across the life span.
- **CONNECT** with SPINE team other SPINE states to share experiences, brainstorm ideas, and identify technical assistance needs.
- **PLAN** for integrating strategies and best practices learned during the meeting into existing state and community efforts.

Icebreaker



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Icebreaker: Food + Justice + Democracy





Icebreaker: Discussion

1. What is your “why” for doing this work. How do your personal lived experiences shape your “why”?
2. In your opinion, how does the current food system demonstrate the need for food justice?
3. What food and nutrition security need(s) is your SPINE project filling in your state?
4. What are some ways that current food and nutrition security efforts uplift the dignity and visibility of Blacks, Latinx, Native Americans/American Indians, and immigrant communities that have historically been overlooked and experience disparities? In what ways do they fall short?



Indigenous Land Acknowledgement

What do Land Acknowledgements have to with
Addressing Food & Nutrition Insecurity and Equity?



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What we Know

Poverty



Lack of
Access



Food &
Nutrition
Insecurity



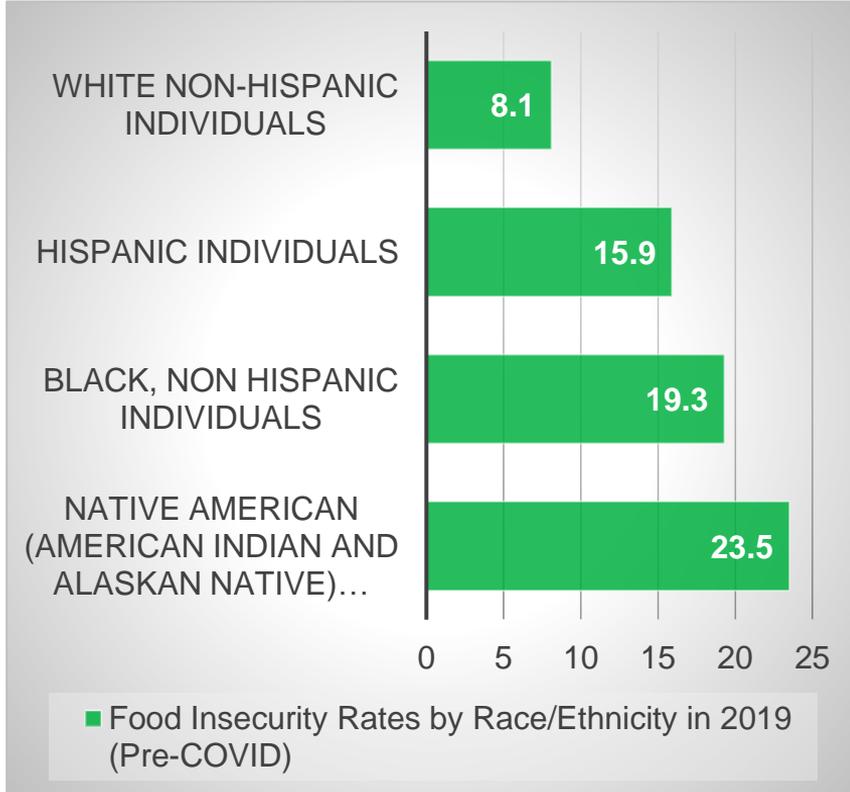
Inadequate
Food Policy



- We don't produce enough food to feed everyone
- Labor Shortages
- Don't have enough land and resources to grow and distribute food

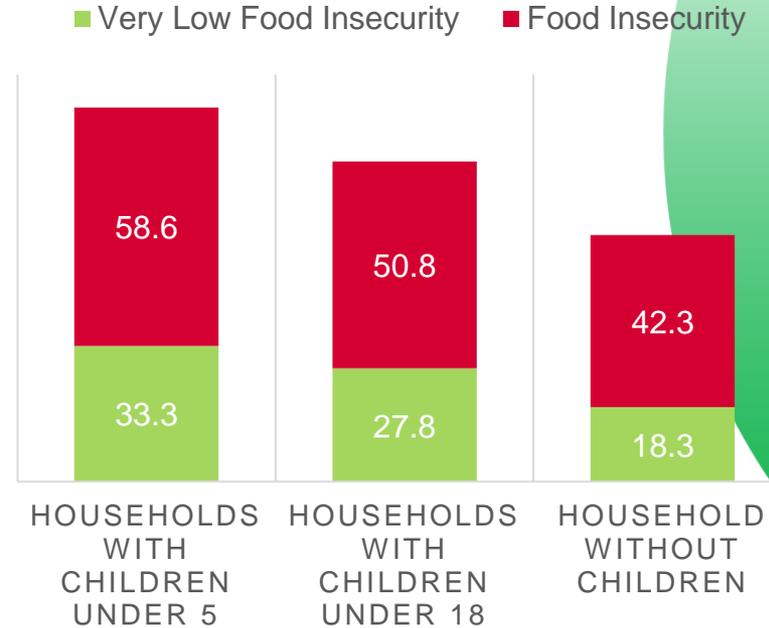
Yet! there are entire communities of people that are disproportionately unable to access **enough** food on a **consistent** basis that meet *both* their psychosocial and nutritional needs while there are other groups of people that have **AMPLE** access to food and nutrition.

What we Know



Source: "The Impact of the Coronavirus on Food Insecurity in 2020 & 2021" Feeding America. March 2021

Very Low Insecurity and Food Insecurity Rates During COVID among Native American Households with and without children



Source: Native American Agriculture Fund Food Access Survey. Spring 2021

Historical and present-day policy and legislative decisions have played a critical part in undermining a communities' ability to obtain food.

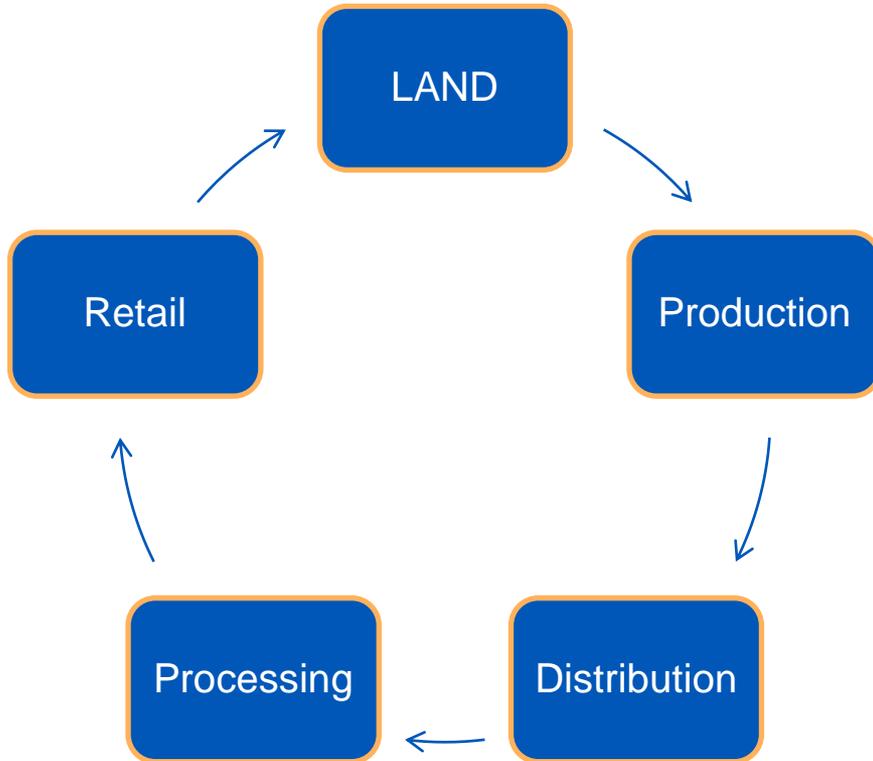


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Food System (Simplified)



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- The current state of our food system is connected to our need for food justice: requires addressing food and nutrition insecurity
- Begins and end with the LAND which is a monumental part of the relationship Indigenous peoples have with their:
 - Spiritual beliefs and cosmology
 - Food culture
 - Capacity to access food and thrive as a community

“Whoever controls the food supply controls the people”

- Henry Kissinger, Former United States Secretary of State, 1970



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- European Colonization during the 16th-18th Centuries
- Settler Colonialism during the 19th Century
- All sought to take and exploit the land of native peoples of Turtle Island (the indigenous name of the continent of North America) for profit and control.



Truth and acknowledgment of our history, our policies and legislation, and our treatment of marginalized communities are critical to building mutual respect and connection across ALL barriers of difference.

Land Acknowledgements aim to bring awareness to Indigenous lands and its peoples. They can be a first step towards collective healing and building solidarity between Native and non-Native peoples.



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Whose Land are you on Today?

1. Visit <https://native-land.ca/> and enter your current location. (zip code, mailing address, city)
2. Type what you find in the chat.



NOTE: Acknowledgment of the land and its indigenous people is NOT enough in it by itself. It doesn't replace being in relationship with Native people and taking action. But it can begin to point toward deeper possibilities for the healing process.



Health Equity & Social Justice

The Path to Food Security for All

Tiffany M. Pertillar | Epic Health Solutions

January 25, 2022



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The Fierce Urgency of Now



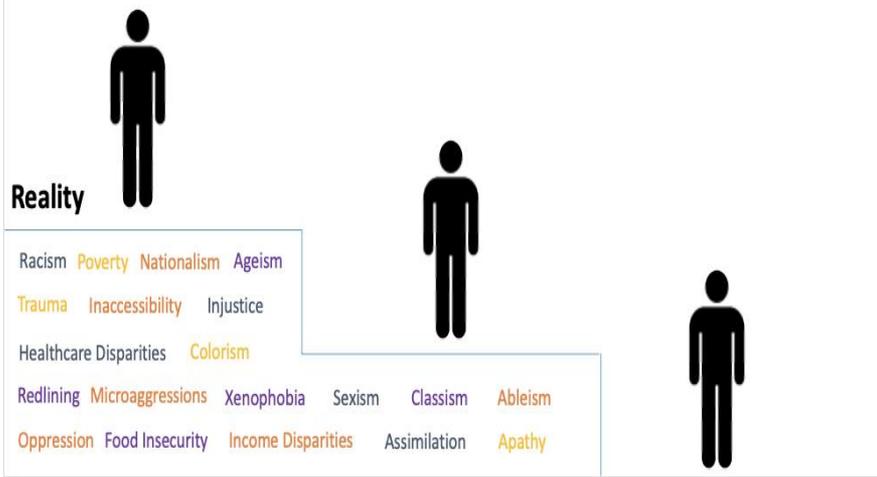
“We are now faced with the fact that tomorrow is today. We are confronted with ***the fierce urgency of now.*** In this unfolding conundrum of life and history, there 'is' such a thing as being too late. ***This is no time for apathy or complacency.*** This is a time for vigorous and positive action.”
- Rev. Dr. Martin Luther King

But wait...A few thoughts to consider

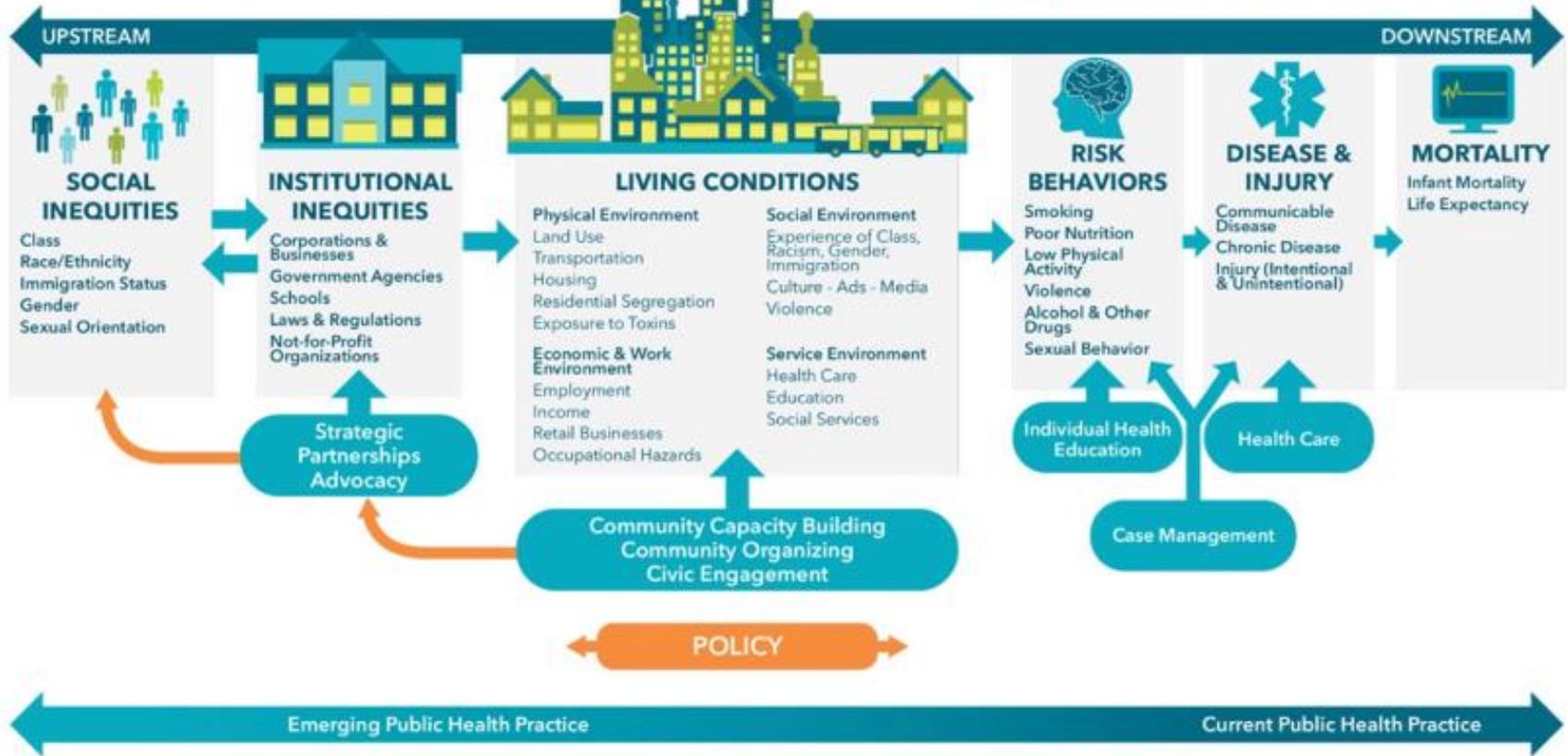
- We lead with ***race and racism explicitly*** but ***not exclusively***.
- We keep our ***analysis about structures and systems*** and not about individuals.
- We ***do not personalize critiques*** of or place blame on people for the failings of systems.
- This work is ***not done FOR racialized and other oppressed groups***.
- Systems*** that are failing communities of color and other oppressed groups are ***failing all of us***.



Achieving Equity...What will it take?



A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Getting to the Root Causes of Inequities

Structural Racism
Genderism
Heterosexism
Homophobia
Classism
Ableism



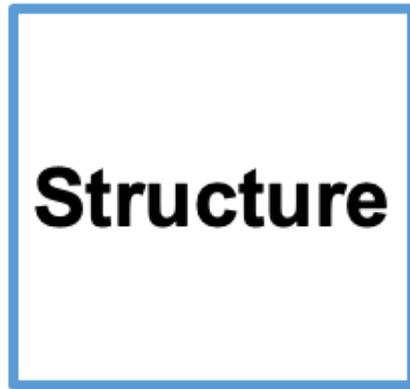
What does Social Change Require

Downstream/Individual/Micro-Level



Reflection
Examination
Awareness

Midstream/Institutional



Review the 3 P's
Leadership
Representation

Upstream/Macro-Level



Dismantle
Shift Power
Advocate



Moving Toward Social Justice



"Social justice is the virtue which guides us in creating those organized human interactions we call institutions. In turn, social institutions, when justly organized, provide us with access to what is good for the person, both individually and in our associations with others. **Social justice also imposes on each of us a personal responsibility to work with others to design and continually perfect our institutions** as tools for personal and social development."

-- Center for Economic and Social Justice

The Principles of Social Justice

Equity

- To ensure fair distribution of available resources across society.

Access

- Ensure all people have access to goods and services regardless of age, gender, ethnicity etc.

Participation

- Enable people to participate in decisions which affect their lives.

Rights

- To protect individual liberties to information about circumstances and decisions affecting them and to appeal decisions to people feel are unfair.

Equity in Motion

- Acknowledge history.
- Challenge self.
- Question ideologies.
- Change systems.
- Be accountable.



Acknowledging History

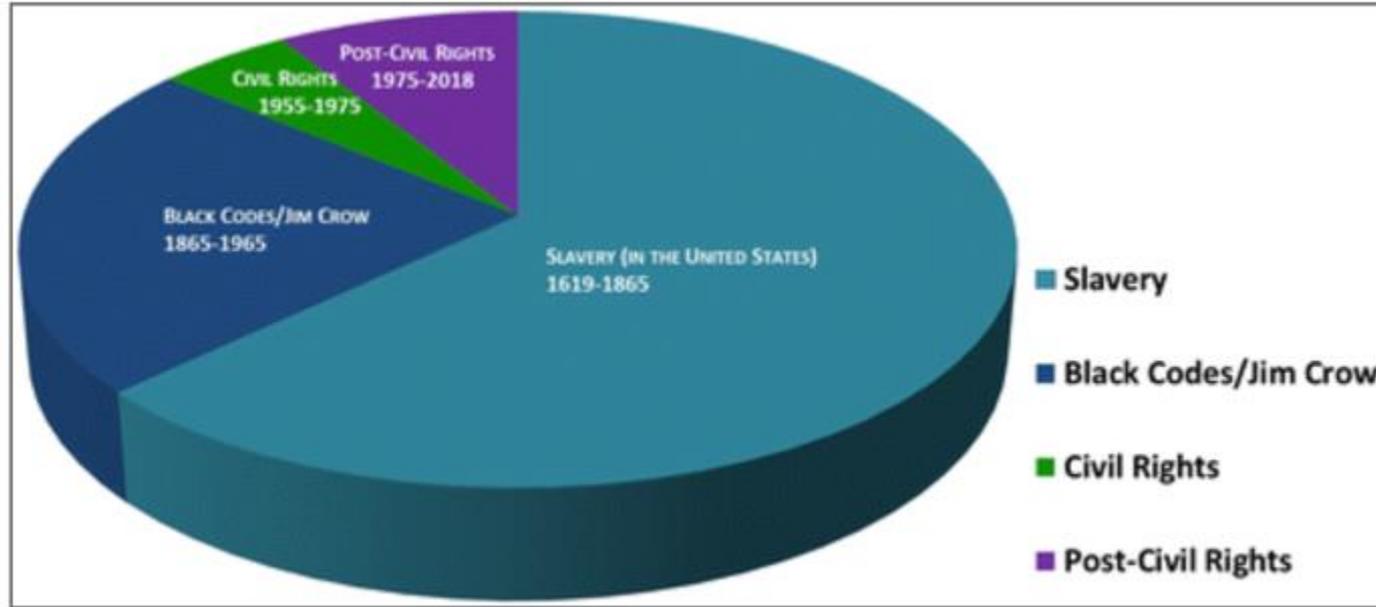


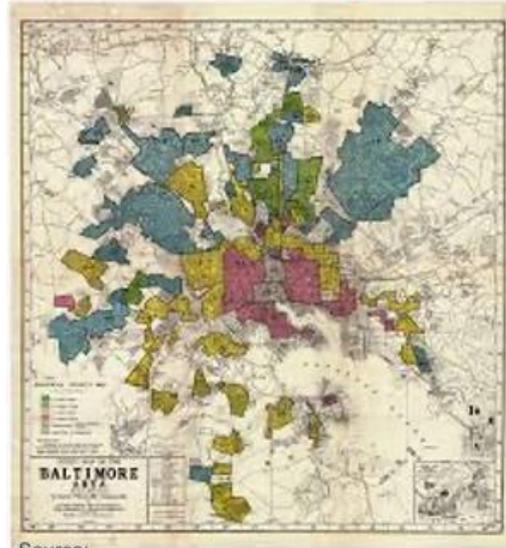
FIG. 1. Key periods of Africans and their American descendants in the United States.

Acknowledging History

Jim Crow Laws



Zoning, Racial Covenants and Redlining



Source: <https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58X>

Urban Renewal



(Los Angeles Times)
Source: <https://www.latimes.com/opinion/story/2020-06-24/bulldoze-la-freeways-racism-monument>
<https://www.nationalparkstraveler.or>

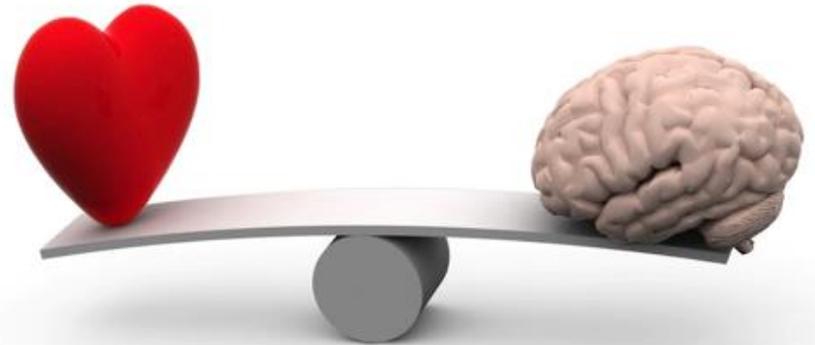
Challenge Self



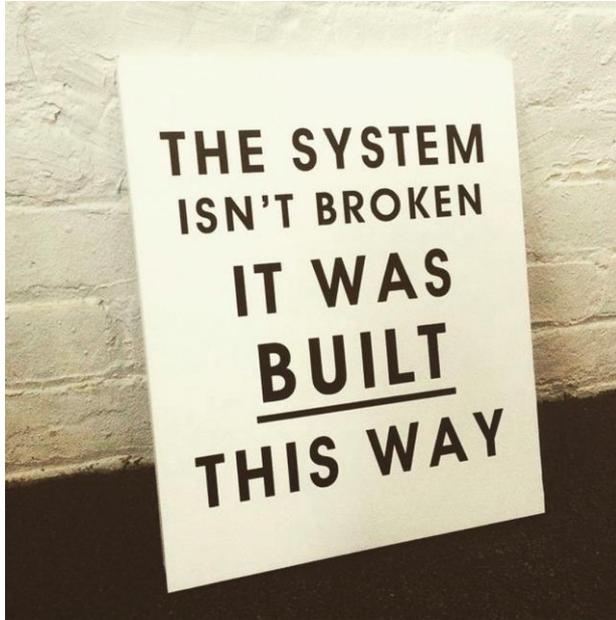
- Leave time for self-reflection.
- Be open to difficult and courageous conversations.
- Lean into your discomfort and fear.
- Be honest with yourself and others.

Question Ideologies and Beliefs

- What have you believed about people who aren't like you and why?
- Does what you believe uphold justice and promote equity for all?
- Is there any evidence that negates your beliefs?



Change Systems



- Advocate for the total reformation of oppressive systems that perpetuate all forms of social injustice and inequity.
 - Speak Up
 - Share Resources
 - Amplify Other Voices
 - Be an Ally

Be Accountable

- How are food security issues being defined?
- Who is defining it?
- Who will benefit from our work if we succeed?
- Who will benefit from our work if we don't succeed?



Never forget that justice is
what love looks like in public

- Cornel West

Thank You!

Tiffany M. Pertillar
tiffany@elevatingequity.com



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Food & Nutrition Security



Food & Nutrition Security

Food and nutrition security exists when **all people**, at **all times**, have physical, social, and economic access to **culturally relevant food** that is **safe** and **consumed in sufficient quantity** and **quality** to meet their **dietary needs** and **food preferences**, and is supported by an environment of adequate sanitation, health services, and care, **allowing for a healthy and active life.**



Why Food And Nutrition Security?

Food Security

- Food
- Access
- Availability
- Sufficient
- Preferences
- Culturally relevant
 - Safe to eat
 - **Reduce Hunger**

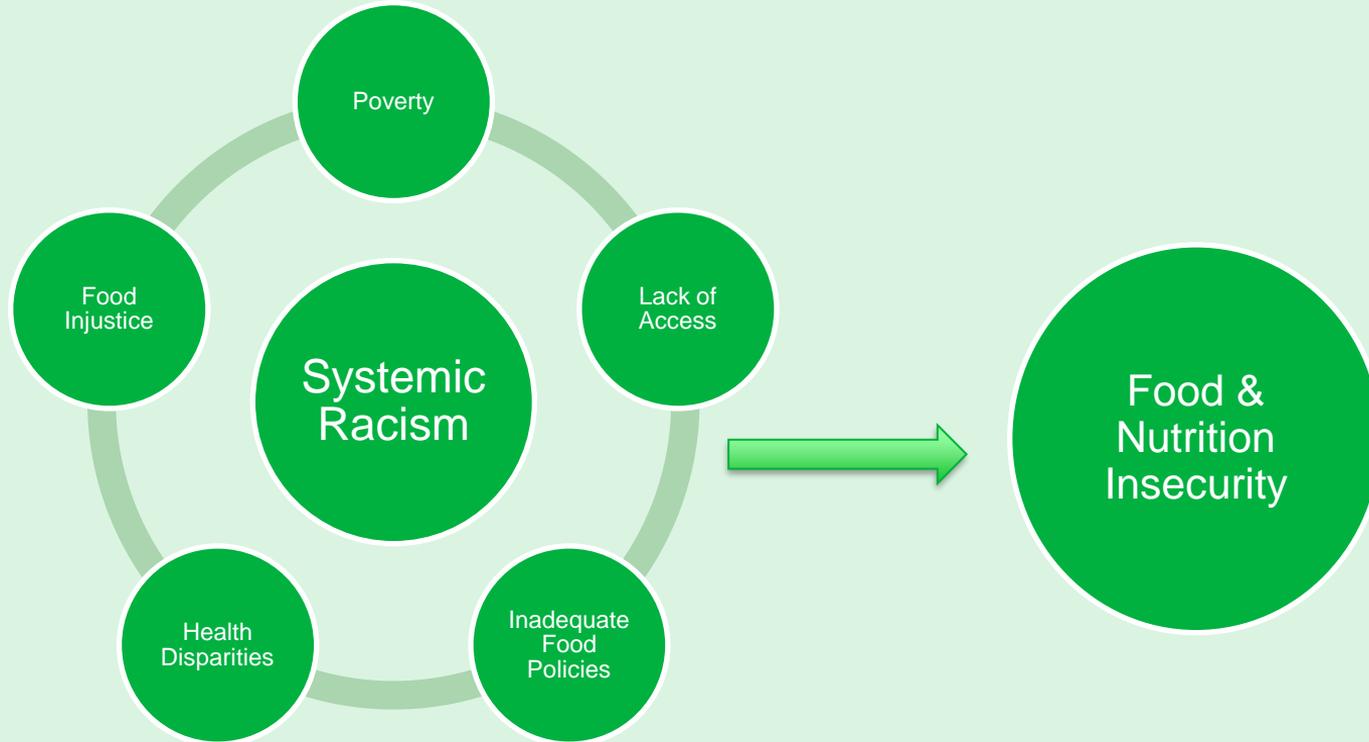
Nutrition Security

- Food
- Access
- Availability
- Sufficient
- Preferences
- Culturally relevant
 - Safe to eat
 - **Nutritious**

We have to include nutrition to fully address chronic diseases & health disparities.

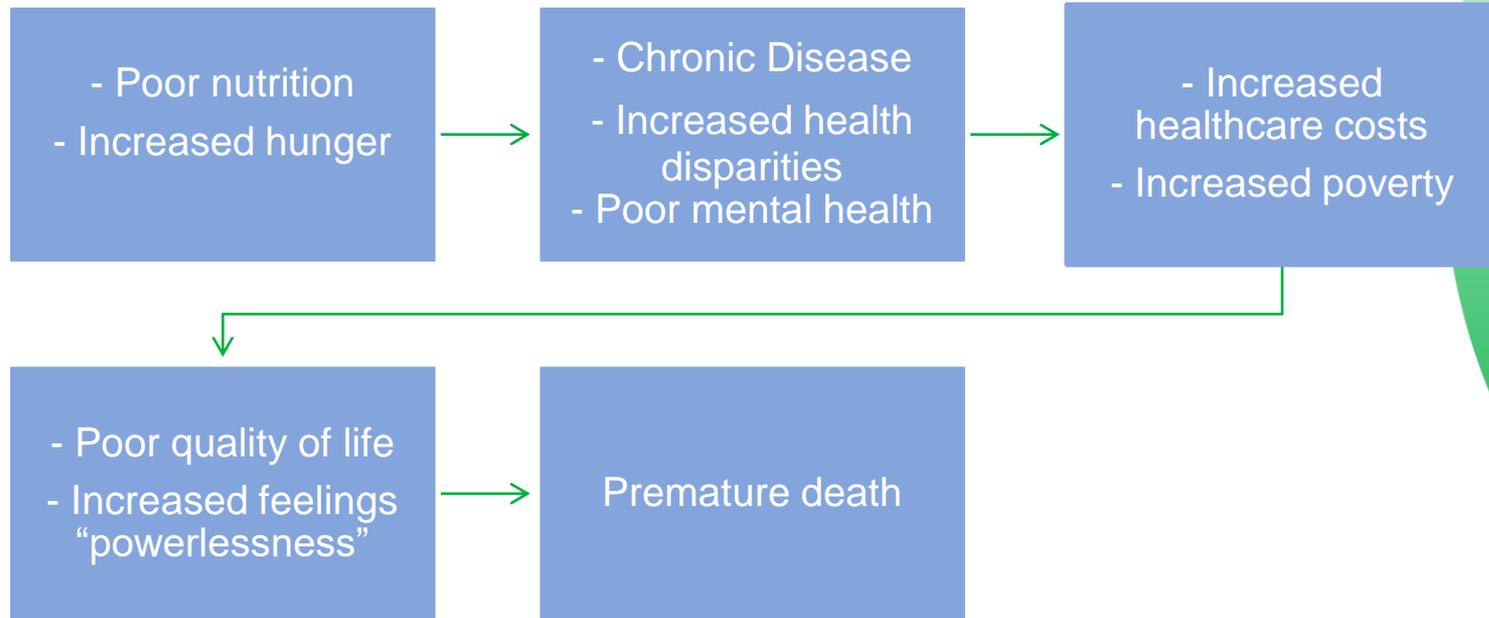


Root Causes of Food & Nutrition Insecurity





Consequences of F&N Insecurity





Efforts That Address F&N Insecurity

Food Policy

- Local and federal (e.g., Farm Bill)

Federal Nutrition Programs

- SNAP, WIC, TEFAP, etc.

Emergency Food

- Food banks, food pantries, soup kitchen, food box program, etc.

Incentive Programs

- Health Bucks, Veggie Rx, Shop Healthy, etc.

Food Programs & Organizations (National, State, & Community Level)

- SPINE, Hunger Solutions, Feeding America, USDA, etc.

Multi-sector approaches

- Affordable housing, affordable/free healthcare, fair and living wages, built-environment/food landscape, etc.



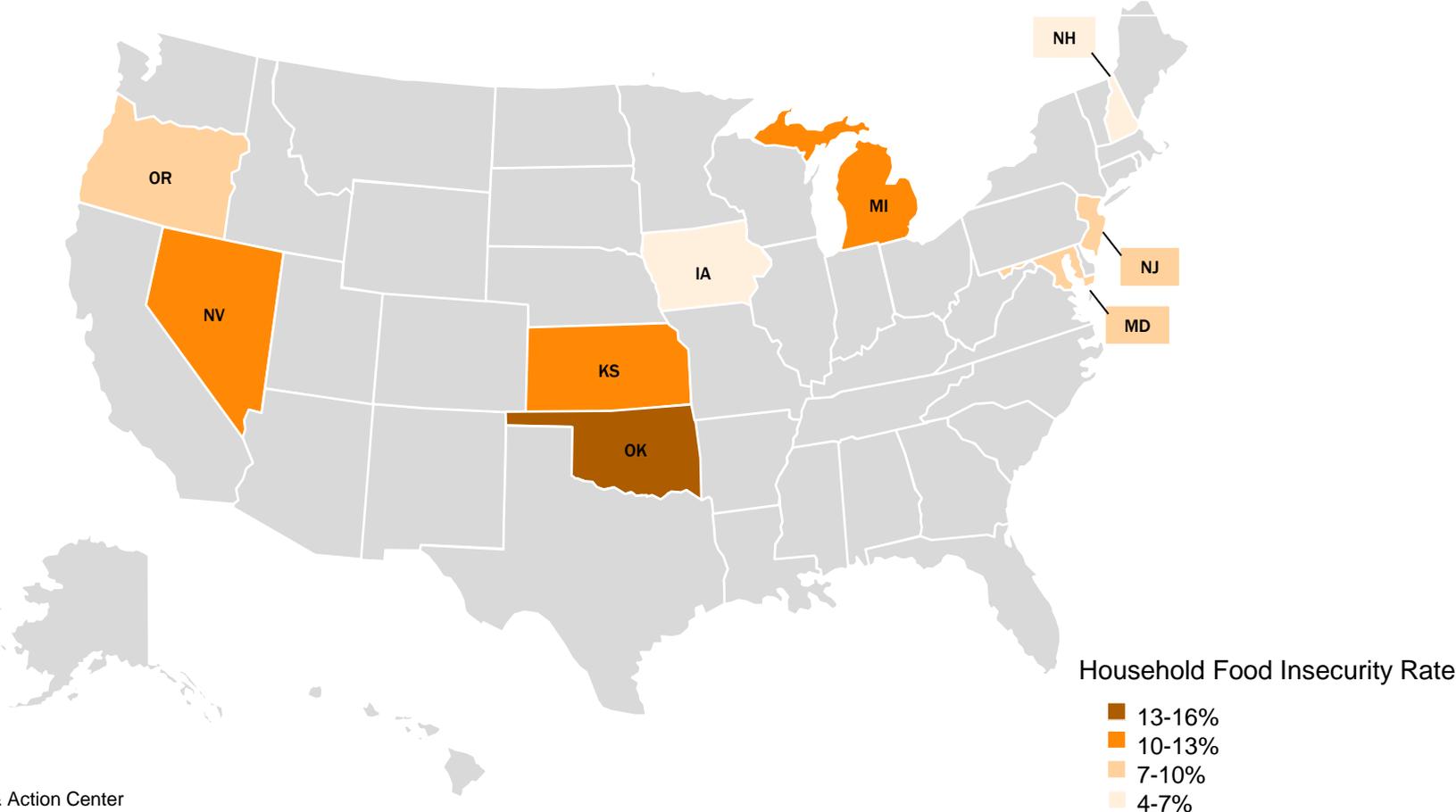
There's Still Work to be Done...

- 10.5% of U.S. households, or 1 in 8 Americans, experience food insecurity
- Low-income; single-parent; and Native American/American Indian, Black, and Latinx households have the highest rates of food insecurity
- People living in rural areas are more likely to face food insecurity
- Low-income households and individuals typically have less healthful diets and healthy food access than high-income households





SPINE States: Household Food Insecurity



Source: Food Research & Action Center



Some Considerations



What does equitable food & nutrition security look like in my state?



Which groups in my state experience the most food and nutrition insecurity?



Who are the key players and stakeholders needed for this work?



How can community members be engaged?

Community Based- Participatory and “Lived Experiences”

Approaches: An Overview

Patrilie Hernandez, MS (she/they)

Public Health Consultant, SPINE Program



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Define

- Community-Based Participatory (CBP) Approach
 - Derived from Community-Based Participatory Research (CBPR)
 - Involves *collective*, reflective, and systematic inquiry
 - Institutions/organizations and community stakeholders engage as EQUAL partners in all steps of the process
 - In CBP, community members are CO-CREATORS of knowledge
- “Lived Experience” Approach
 - The program/intervention is directly INFORMED by the experience(s) of individuals whom the target issue, or combination of issues, has had a direct impact on them.
 - Can also utilize *Experts by Experience*

Roots



Lived Experience

- Stems from Phenomenology
- Based on Humanistic research paradigm, a qualitative approach
- Evolved to Interpretive Phenomenology
- First actively utilized in mental health interventions and mental illness research
- Frequently used as a data collection tool for many public health interventions that aim to incorporate a health equity and social justice lens.

Community-Based Participatory

- Unique origins found within the social justice movements of the Global South
- Stems from Community Based Participatory Research
- Approach has broadened since then: Today, it can heavily inform the develop and implementation of public health interventions looking to integrate health equity.

Key Differences



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Lived Experience

- *Data-oriented*
- Emphasizes INDIVIDUAL engagement
- Levels of Engagement:
 - ✓ Short term partnerships (formal or informal) that end once the project/program period ends
 - ✓ Interviews, Surveys, Focus Groups
 - ✓ Consultation

Community-Based Participatory

- *Process-oriented*
- Emphasizes COLLECTIVE engagement
- Levels of Engagement:
 - ✓ Long term, sustainable partnerships (formal or informal) that last beyond the program/project period
 - ✓ Advisory Leadership
 - ✓ Can be hired as: Staff or Organizational Leadership



Benefits

- Allows for a more holistic perspective of desired health outcomes
- Can help create impactful and innovative interventions that target the complex, multilevel factors that influence health





Challenges

Lack of awareness in how to incorporate these approaches into policy, systems, and environmental interventions.

Not enough funding, staff, resources dedicated to successfully executing these approaches

Systemic inequities that exclude participation of community stakeholders in public health interventions

Bias and lack of diversity and inclusion in Public Health workforce recruitment and retention (including academia, research, and public policy)

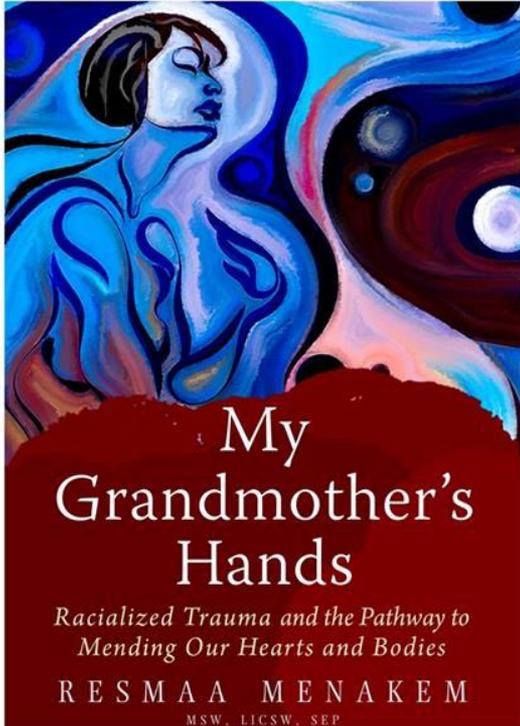
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Somatic Practice: The Five Anchors

My Grandmother's Hands



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Body-centered (or Somatic) practices can help us effectively address moments of discomfort we might feel as we explore topics around systemic racism, health equity and social justice.

The Five Anchors

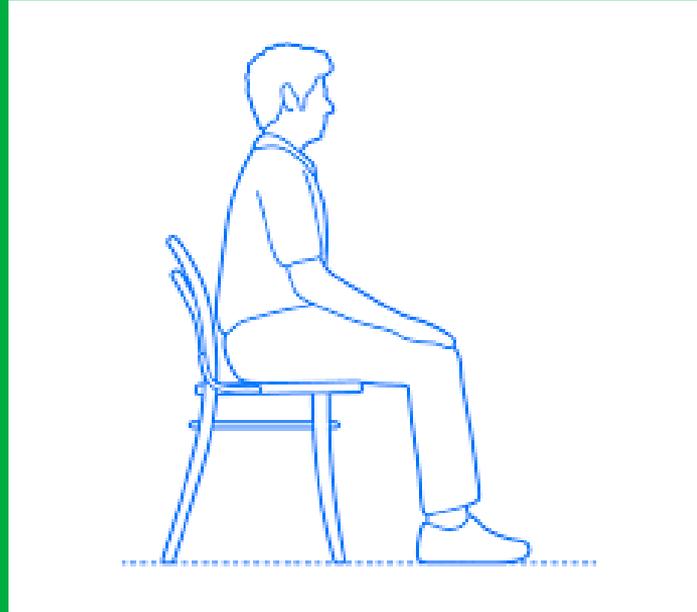


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- **Anchor 1:** *Soothe Yourself*
- **Anchor 2:** *Simply Notice*
- **Anchor 3:** *Accept the Discomfort*
- **Anchor 4:** *Stay present and in your body*
- **Anchor 5:** *Safely discharge any energy that remains*



'Body Scan'



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Break



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Program Characteristics and Principles

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Roadmap



1. Program Characteristics and Principles
2. Policy, Systems, and Environmental Change Approach
3. Connection to Socio-Ecological Model



What stands out about SPINE?

- **Purpose:** Address food and nutrition security across the lifespan through **sustainable** and **equitable** actions
- **Outcomes:**
 - Sustainable **cross-sector partnerships**
 - Improved capacity to leverage resources from **multiple partners and sectors**



Policy, Systems, and Environmental (PSE) Change Approach



*PSE change strategies are designed
with **sustainability** in mind.*

*PSE change can help address
disparities, lead to improved health
outcomes, and maximize reach and
impact at a population level.*



Programs versus PSE Change

- One time/time limited
 - Downstream solution (reactive)
 - Short-term behavior change
 - Individual level
 - Not part of ongoing plan
 - Short-term
 - Non-sustaining
- Ongoing
 - Upstream solution (proactive)
 - Long-term behavior change overtime
 - Community/population level
 - Part of ongoing plan
 - Long-term
 - Sustaining

Programs

PSE



P: Policy Change

What

- Laws, regulations, resolutions, ordinances, or rules

Where

- Legislatures or organizations

Example

- Changing local zoning ordinances so corner stores/markets can display produce outdoors



S: Systems Change

- | | |
|---------|---|
| What | <ul style="list-style-type: none">• Processes or rules of an organization, institution, or system |
| Where | <ul style="list-style-type: none">• Schools, parks, worksites, health care settings, or other community settings |
| Example | <ul style="list-style-type: none">• Screening for hunger in health care settings (i.e., hospitals) and developing mechanisms to refer hungry residents to affordable, safe, and nutritious food |



E: Environmental Change

What

- Physical environment

Where

- Physical, social, or economic environments

Example

- Availability of healthy food choices in school cafeterias

Note...

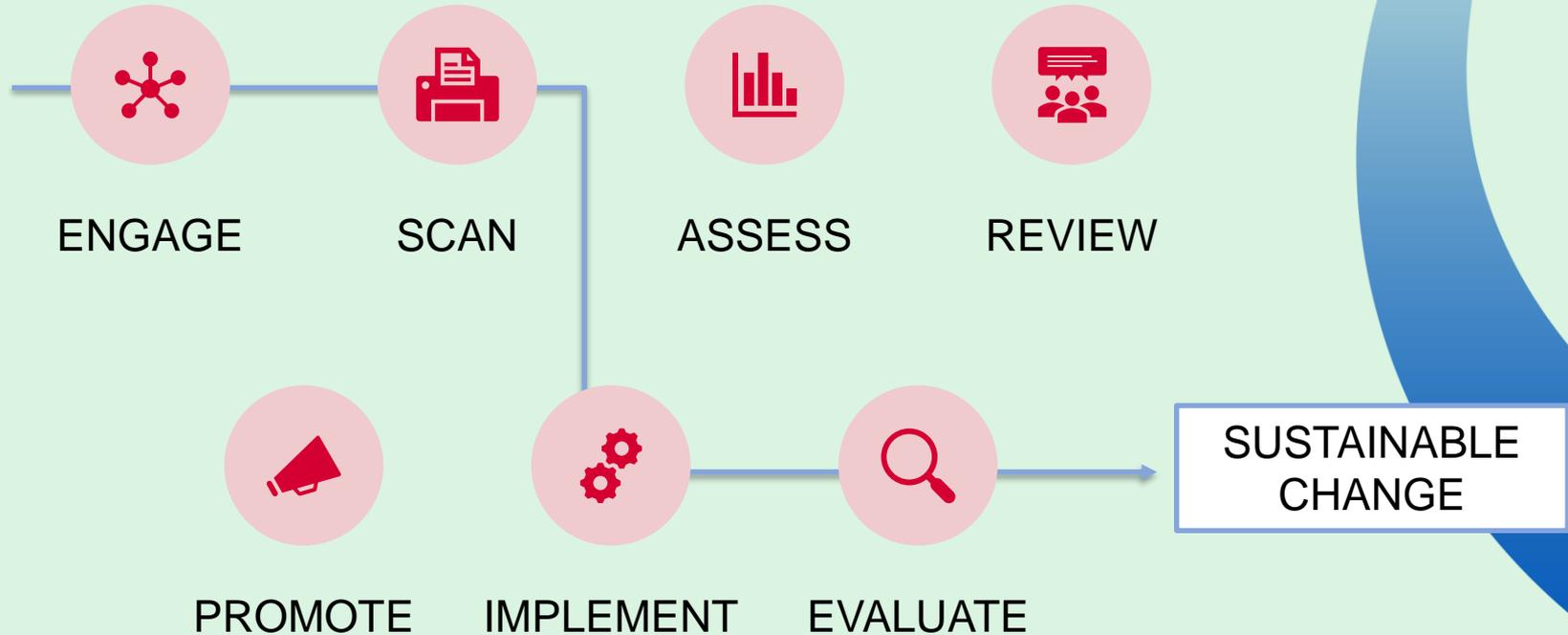


- The process is not linear
- Many PSE changes include combinations of P, S, and E change





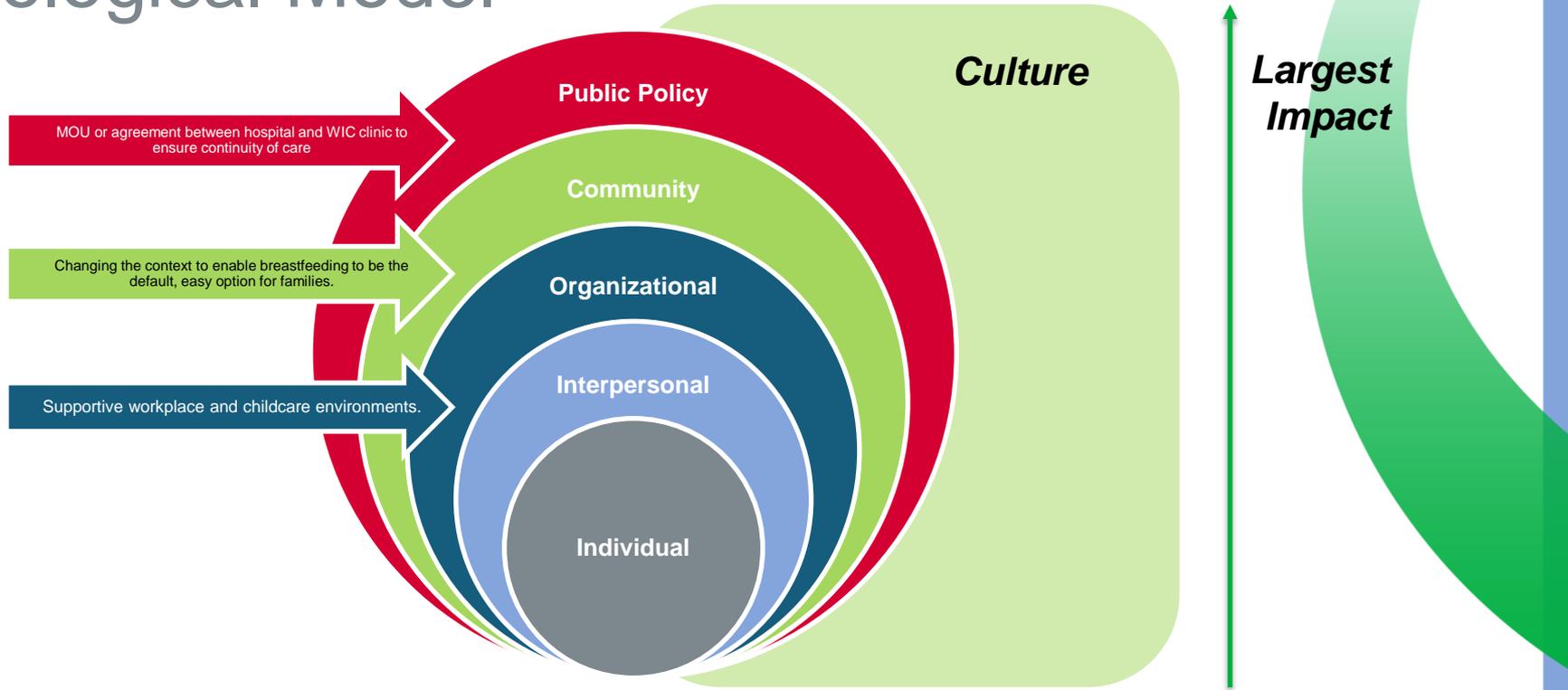
PSE Change Steps



Connection to Socio-Ecological Model



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Key Characteristics of Effective PSE Change

Meaningful and strategic community **engagement**

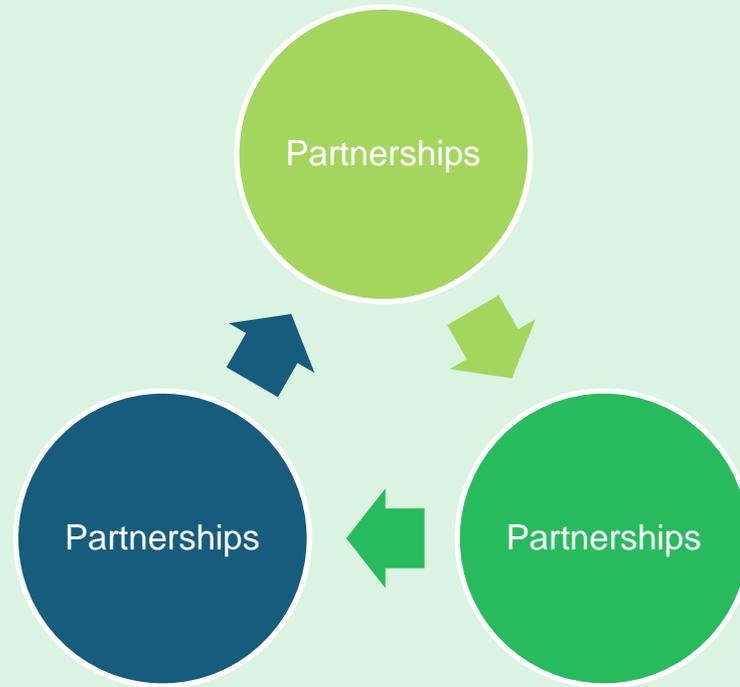
Intentionally **responsive** to community needs

Cross-sector **collaboration** with other **partners**/agencies

Clearly defined short-, intermediate-, and long-term outcomes tied to **sustainable** and **equitable** access to affordable, safe, and nutritious food across the lifespan



Bringing it back





BUILDING
resilient inclusive
COMMUNITIES

State of Missouri

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Overview

1. Overview of equitable food and nutrition security strategies/activities
2. Determining the food and nutrition security needs to address within the BRIC project
3. Lessons learned in implementing equitable food and nutrition security strategies/activities
4. Partnerships that support the work
5. Recommendations/tips for SPINE states in implementing equitable food and nutrition security strategies/activities



Overview of equitable food and nutrition security strategies/activities

1. Supporting local food banks and pantries to implement client choice models and source from local agriculture – community gardens, urban farms (Operation Food Search, St. Louis Food Area Bank, A Red Circle, Wesley House)
2. Partnership of mobile markets (St. Louis Public Library, Metro Market, Wesley House)
3. Local neighborhood community gardens network (Be Well Café, Fit and Food connection, intergenerational gardening programs, Wesley House, Robert Fulton, A Red Circle)
4. Support local urban agriculture and black farmers in St. Louis (EVOLVE)



5. Virtual Cooking classes and demonstrations (Wesley House, YMCA Emerson, Fit and Food Connection, A Red Circle)
6. Farmers Market (Fit and Food Connection, Be Well Café, YMCA Emerson)
7. Support the Good Food Summit – collective of local organizations in North St. Louis working together for food justice and for a healthier community.
8. Local Culturally Responsive Food Audit Toolkit (EVOLVE)
9. Support for community owned grocery store (A Red Circle)
10. Partner with local community podcast to disseminate information and resources

Determining the food and nutrition security needs to address within the BRIC project

Is there Equity In the Food System?



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Food Apartheid:

The systematic destruction of Black self determination to control our food (including land, resource theft and discrimination), a hyper-saturation of destructive foods and predatory marketing, and a blatantly discriminatory corporate controlled food system that results in our communities suffering from some of the highest rates of heart disease and diabetes of all times. Many tend to use the term “food desert” however food apartheid is a much more accurate representation of the structural racialized inequities perpetuated through our current system.

-Dara Cooper & LaDonna Redmond, National Black Food and Justice Alliance



“According to the USDA a “food desert” just means a zip code with high poverty and no nearby grocery stores ... A desert is natural, but there is nothing natural about your zip code being the number one determinant of your life expectancy, usually highly correlated to race. The fact that certain people have food opulence and others have food scarcity is not because of personal choice. It’s because of these systems of segregation (histories of redlining and zoning exclusions of people of color from certain neighborhoods) that are more appropriately called apartheid, that’s a term that we use to not pretend that is natural and inevitable when one in four Black children are hungry every night.”

Leah Penniman, Soul Fire Farm



Redlining

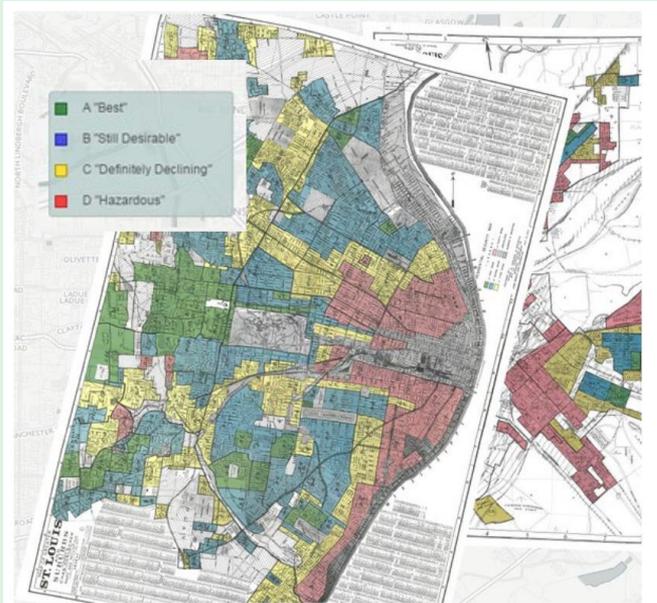


Fig. 3. "Redlining our core neighborhoods to ruin." Modern Cities. Accessed May 14, 2021. <https://www.moderncities.com/article/2018-apr-redlining-our-core-neighborhoods-to-ruin-page-2>

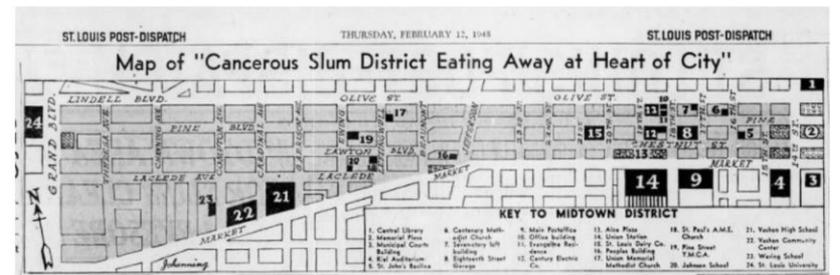


Fig. 4. "Map of "Cancerous Slum District Eating Away at Heart of City" (1948)." St. Louis Post-Dispatch. Accessed May 6, 2021. <https://www.newspapers.com/clip/7640579/map-of-cancerous-slum-district-eating/>

The legacy of segregation

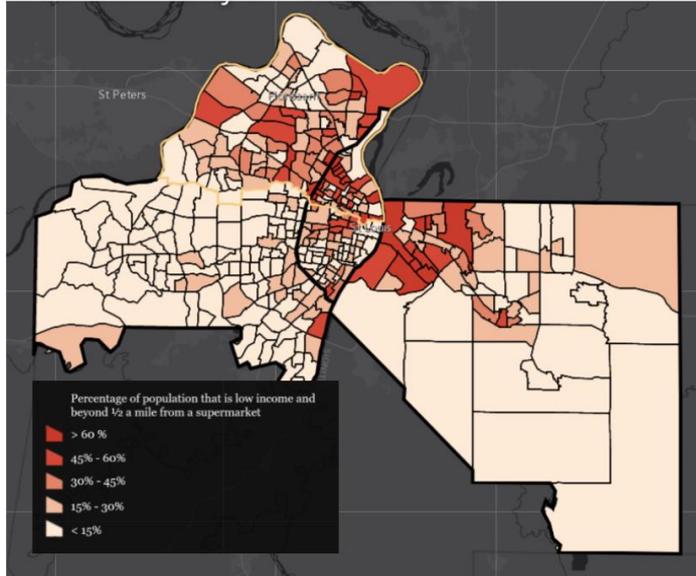


Fig. 6. "Food Access in St. Louis." Missouri Coalition for the Environment. May 6, 2021. <https://mocoenviro.maps.arcgis.com/apps/Cascade/index.html?appid=f5d925c4e5e3444ca55a3655539583d7>

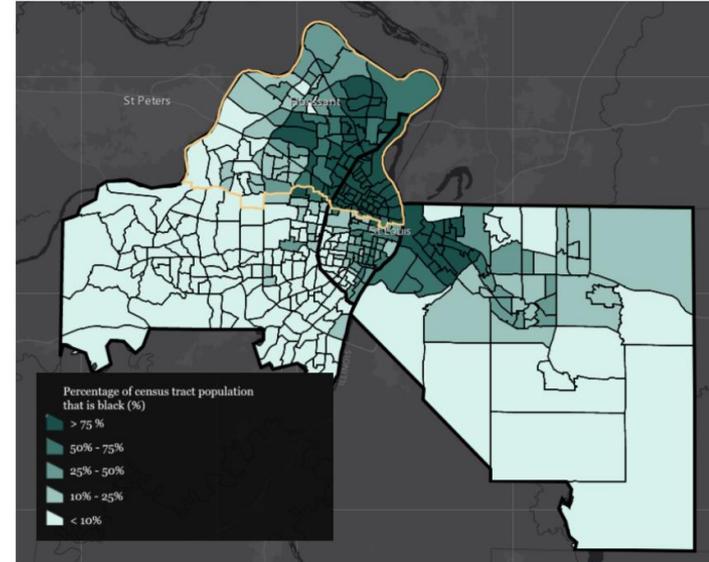


Fig. 7. "Intersectionality of Food Access: Race." Missouri Coalition for the Environment. May 6, 2021. <https://mocoenviro.maps.arcgis.com/apps/Cascade/index.html?appid=f5d925c4e5e3444ca55a3655539583d7>



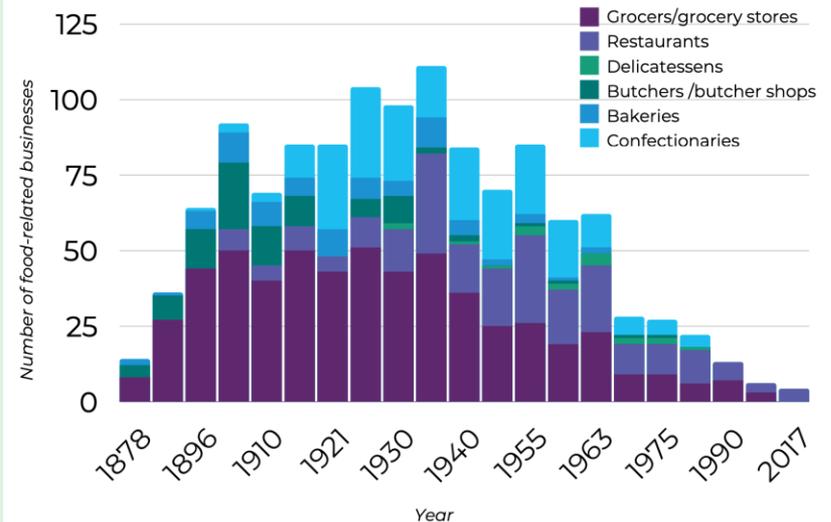
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The Ville



Food Provision Peaks During Great Migration and Declines in the 1950s



Benign Neglect



Fig. 10. "LRA-Owned Property Search." City of St. Louis, April 2021. <https://www.stlouis-mo.gov/government/departments/sldc/real-estate/lra-owned-property-search.cfm>

- The Ville has no grocery stores at this time.
- There are corner stores and some restaurants.
- Many of the businesses that once existed are now abandoned buildings or vacant lots owned by the City of St. Louis.
- According to the St. Louis City Land Reutilization Authority (LRA) there are currently 521 properties located in the Ville that are city owned.

“If you are not grappling with confronting existing power structures there is no justice in your food justice”.

Dara Cooper
National Black Food and Justice Alliance



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Lessons learned in implementing equitable food and nutrition security strategies/activities

- Partner with local community organizations
- Listen, respect, understand, be humble and inform yourself... “nothing about us without us”
- Intersectionality
- Understand the history and the legacy of the communities and their resiliency and wisdom
- Be an advocate and an ally
- Be flexible

The Intersections of Food & Equity

Food &
Culture

Food &
Land
Justice

Food &
Violence

Food Equity
& Labor



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Partnerships that support our work

- Partner with organizations that support production, storage, and distribution of healthy foods in North St. Louis (City and County).
- Trailnet
- The Area Agency on Aging (AAA – three senior centers in North St. Louis)
- Operation Food Search
- St. Louis Food Area Bank



- Missouri Coalition for the environment - leads the local food policy coalition group coordinating a local network of food justice and service community organizations who will be local implementers of BRIC
 - Fit and Food Connection
 - Evolve, A Red Circle
 - YMCA at Emmerson
 - Urban Harvest
 - Community Development Committee at Spanish Lake
 - Metro Market
 - Da Hood Podcast
 - Be Well Café

Building Resilient Inclusive Communities (BRIC) Program



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Recommendations/tips for SPINE states in implementing equitable food and nutrition security strategies/activities



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- Listen to community members/leaders
- Look for work that is already ongoing, not trying to reinvent the wheel
- Assess for existing coalitions
- Listen, listen, listen
- Honor local knowledge
- Understand the history and the legacy of the communities you will be working with
- Put equity and intersectionality at the center, not just a lens
- Compensate community members for their time, expertise, value and work



Thank You!



Identifying Equitable Food and Nutrition Strategies

Small Group Activity



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Instructions

- Participants will be sent to pre-assigned breakout rooms.
- There will be one facilitator to help guide the discussion and a group member will be assigned to take notes.
- You will have 20 minutes for discussion.
 - Suggestion: Carve time for a 2-3 minute ‘breather’ before or after your discussion
- Once you are done, select a group member to summarize when we come back together.



Discussion Prompts

- What does equity in addressing food and nutrition insecurity mean and look like in the communities you work in?
- Which communities are most affected by food and nutrition insecurity in your state? What quantitative and qualitative evidence are you using to educate or inform you on this issue?
- How is your state's SPINE project addressing equity when working to improve food and nutrition security in the aforementioned communities?



Debrief

- In 90 seconds or less, please share:
 - The state your group represents
 - A brief summary of what equity in addressing food and nutrition insecurity means to your group.
 - An example of a community that is most affected by food and nutrition insecurity in your state/local community and **ONE** way your SPINE project is addressing this issue.

Day 2 Overview and Closing



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Day 2 Overview

- Scope of Work
- Technical Assistance Framework and Program Calendar
- State Action Plan Template
- Reporting and Evaluation
- Budgeting and Invoicing

Day 1 Reflection Word Cloud:
What are 3 words that describe how
you are feeling right now?

Visit Menti.com and type in the code:

1830 9785

or click the link directly in the chat



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Next Steps & Closing

- SPINE State participants – **please** take 5-7 minutes to complete the Kickoff Meeting Day 1 Evaluation Survey
- Optional (BUT HIGHLY ENCOURAGED)- Equitable Food and Nutrition Strategies Brainstorm
 - A space for each state to get together and further discuss and brainstorm equitable food and nutrition strategies.
 - Go to the same room that you were in for the group activity
 - 30 minutes for further discussion and brainstorm
 - We end the meeting at 5pm ET.
- We will meet here again tomorrow at 1pm ET
- We invite you to get to engage in rest, hydration, reflection and movement



Contact Information

- Primary SPINE Program Contacts
 - Charita James: cjames_ic@chronicdisease.org
 - Patrilie Hernandez: phernandez_ic@chronicdisease.org
- SPINE Contracts, Budgets, Invoices Point of Contact
 - Crystal E. Doxie: cdoxie@chronicdisease.org
- SPINE Program Evaluation Contact
 - Leah Rimkus: lriskus@chronicdisease.org

Please CC' Charita and Patrilie on communications.



Optional: Equitable
Food and Nutrition
Strategies Brainstorm for
States



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Discussion and Brainstorm



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- Do you think your agency's/organization's vision for food and nutrition equity mirrors the vision of communities that are MOST affected by food and nutrition insecurity?
 - If your answer is **YES**, that's great! How did you get to this point? How are you implementing this vision? What are some successes you would like to share and what are some roadblocks that keep you from moving forward?
 - If you answered **NO**, that's ok! You can use some of the questions below to guide your equity assessment of your current food and nutrition strategies:
 1. *How are communities that are currently most advantaged and most **disadvantaged equally** affected by food and nutrition equity in your state? How are they affected **differently**?*
 2. *Do your current strategies address root causes of food and nutrition inequity in communities that are most affected by this issue? What factors contribute to these inequities? How did the inequities arise? Is the inequity gap growing or closing?*
 3. *How can representatives from communities that have most adversely affected by food and nutrition inequity be informed, meaningfully involved and authentically represented in the development of these strategies? Who's missing and how can they be engaged?*